



JFW
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09/2004

TRANSMITTAL FORM

to be used for all correspondence after initial filing

213200.00017

* plus ONE cited reference

Total number of pages in this submission including transmittal

22*

Application Number

09/678,728

Filing Date

10/04/2000

First Named Inventor

Yat-Tung LAM

Group Art Unit

2193

Examiner Name

Tan V. Mai

Attorney Docket Number

MP0042

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached - Credit Authorization	<input checked="" type="checkbox"/> Drawing(s) REPLACEMENT SHEET - FIG. 2	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement with PTO Form 1449 and 1 cited reference	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	REMARKS	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	KATTEN MUCHIN ROSENMAN, LLP		
Signature			
Printed Name	Andrew J. Bateman		
Reg. No.	45,573	Date:	08/02/2005

CERTIFICATE OF FACSIMILE TRANSMISSION OR MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO via fax no. (703) 872-9306 or is being deposited with the US Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or Printed Name		Date:	

**FEE TRANSMITTAL
for FY 2005**

Effective 10/01/2005. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 180.00**Complete if Known**

Application Number	09/678,728
Filing Date	10/04/2000
First Named Inventor	Yat-Tung LAM
Examiner Name	Tran V. Mai
Art Unit	2193
Attorney Docket No.	MP0042

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:Deposit
Account

50-1710

Account
Name

KATTEN MUCHIN ZAVIS ROSENMAN

The Director is authorized to: (check all that apply)☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge above Deposit Account with any additional fees necessary UNDER 37 CFR 1.16 AND/OR 1.17 to maintain pendency of this application.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
1001 300	2001 150	Utility Filing Fee			
1111 500	2111 250	Utility Search Fee			
1311 200	2311 100	Patent Examination Fee			

SUBTOTAL (1) (\$) 0.00**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims		Extra Claims		Fee		Fee Paid	
	- 20** =		X				
Independent	- 3** =		X				
Multiple Dependent							

Large Entity		Small Entity		Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20		
1201 200	2201 100	Independent claims in excess of 3		
1203 360	2203 180	Multiple dependent claim, if not paid		
1204 200	2204 100	** Reissue independent claims over original patent		
1205 50	2205 25	** Reissue claims in excess of 20 and over original patent		

SUBTOTAL (2) (\$) 0.00

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	\$	Fee Code	\$	Description	Fee Paid
1051 130		2051 65		Surcharge - late filing fee or oath	
1052 50		2052 25		Surcharge - late provisional filing fee or cover sheet	
1053 130		1053 130		Non-English specification	
1812 2,520		1812 2,520		For filing a request for <i>ex parte</i> reexamination	
1804 920*		1804 920*		Requesting publication of SIR prior to Examiner action	
1805 1,840*		1805 1,840*		Requesting publication of SIR after Examiner action	
1251 120		2251 60		Extension for reply within first month	
1252 450		2252 225		Extension for reply within second month	
1253 1,020		2253 510		Extension for reply within third month	
1254 1,590		2254 795		Extension for reply within fourth month	
1255 2,160		2255 1,080		Extension for reply within fifth month	
1401 500		2401 250		Notice of Appeal	
1402 500		2402 250		Filing a brief in support of an appeal	
1403 1,000		2403 500		Request for oral hearing	
1451 1,510		1451 1,510		Petition to institute a public use proceeding	
1452 500		2452 250		Petition to revive - unavoidable (1.17(l))	
1453 1,500		2453 750		Petition to revive - unintentional (1.17(m))	
1501 1,400		2501 700		Utility issue fee (or reissue)	
1502 800		2502 400		Design issue fee	
1503 1,100		2503 550		Plant issue fee	
1460 130		1460 130		Petitions to the Director	
1807 50		1807 50		Processing fee - provisional app (1.17(q))	
1806 180		1806 180		Submission of Information Disclosure Stmt	180.00
8021 40		8021 40		Recording each patent assignment per property (times number of properties)	
1809 790		2809 395		Filing a submission after final rejection (1.129(a))	
1814 130		2814 65		Statutory Disclaimer	
1801 790		2801 395		Request for Continued Examination (RCE)	
1802 900		1802 900		Req for expedited examination - Design App	

Other fee (specify)

SUBTOTAL (3) (\$) 180.00**SUBMITTED BY**

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Date: 08/02/2005